GBV Training for Disaster Responders

Seminar 2: GBV Intervention

MASSACHUSETTS GENERAL HOSPITAL
GLOBAL INITIATIVE TO END GENDER-BASED VIOLENCE

CONTENTS

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GLOBAL HEALTH DISASTER RESPONSE

Disclosure

Nothing to Declare

WHAT IS GBV?

“Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person’s will and is based on gender norms and unequal power relationships.”

United Nations High Commissioner for Refugees

Meta-Level Intervention

SOCIETY AND CULTURAL CONTEXT

GOVERNMENT

What are the laws of the land?

INTERNATIONAL ACTORS

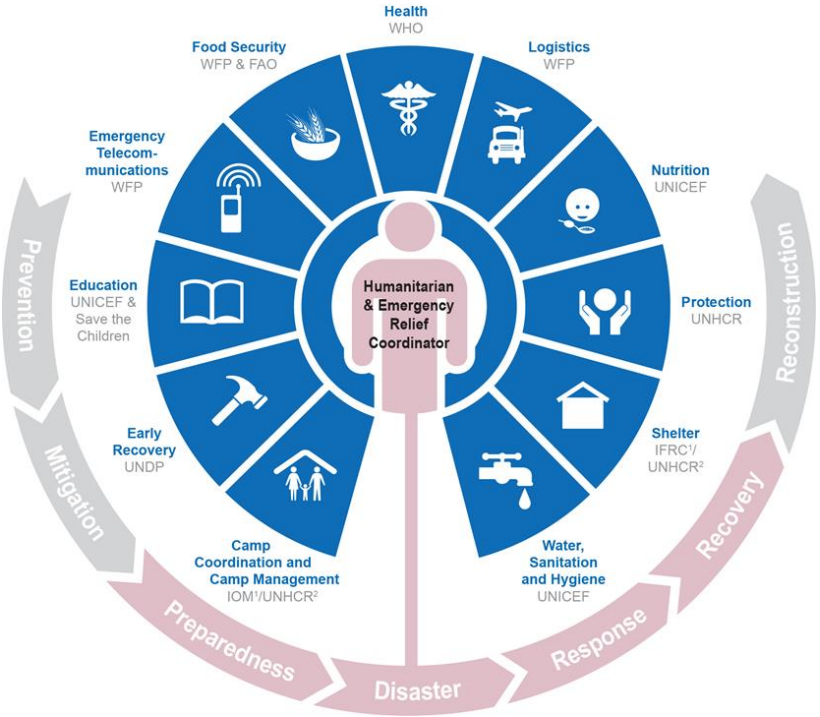
WHO
United Nations
International NGOs

LOCAL ACTORS

Police
Local NGOs
Community Resources

What is a “Cluster”?

A group of agencies (international and national) that are interconnected by their respective mandates, and that come together around a set of humanitarian interventions in a common area, for purposes of synergies, surge, effectiveness, efficiency, and accountability.

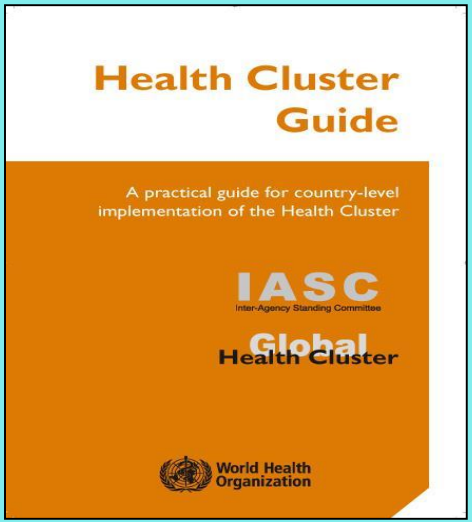


The Role of a Cluster is to

Identify and address gaps,
Strengthen humanitarian partnerships,
Ensure predictability and accountability by clarifying the division of labour among agencies, and making the humanitarian community more accountable

The Health Cluster does this by:

IMPROVING THE PREDICTABILITY OF A RESPONSE	IMPROVING THE TIMELINESS AND EFFECTIVENESS OF THE RESPONSE	IMPROVING ACCOUNTABILITY
PREPARING RECOVERY EFFORTS	SETTING HIGHER STANDARDS	PROVIDING GLOBAL SUPPORT



Available in English and French:

www.who.int/hac/global_health_cluster/guide

The Health Cluster Guide

The Global Health Cluster has developed a practical guide for country-level implementation of the Health Cluster

The Global Health Cluster

Forum of the Inter Agency Standing Committee (IASC) and comprised of key international health entities mandated to build global humanitarian response capacity

- **IASC:** A special unique interagency forum. Has responsibility for policy development and revision of responsibility on various aspects of Humanitarian Assistance and identifies gaps in response.
- Composed of NGO consortia, Red Cross and Red Crescent Movement, IOM, World Bank and UN agencies

The WHO is the lead agency and is accountable to the Emergency Relief Coordinator

39 full members

4 Observers

Two Working Groups Made up of Partners and co-chaired by WHO and international NGO

TECHNICAL

Development of guidance and tools, country support missions, Health Cluster Coordinator Training

POLICY AND STRATEGY

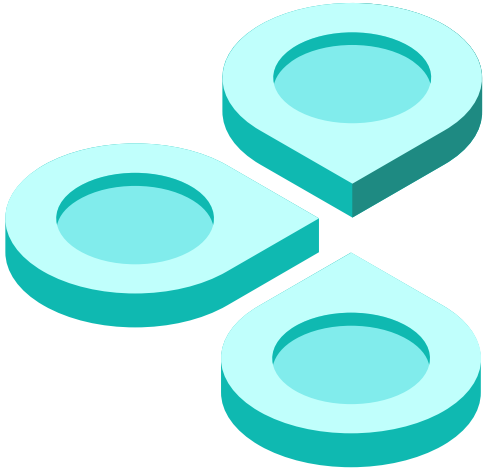
Development of position papers on User Fees, Civil/Military Collaboration

CLUSTER GOALS

- STRATEGY AND PLANNING AT THE GLOBAL LEVEL
- PROVIDING GUIDANCE AND TOOLS, STANDARDS AND POLICIES
- ESTABLISHING SYSTEMS FOR THE RAPID DEPLOYMENT OF EXPERTS AND SUPPLIES
- BUILDING GLOBAL PARTNERSHIPS TO IMPLEMENT AND PROMOTE THIS WORK

Members of the Global Health Cluster

UN PARTNERS
FAP, UNFPA, UNHCR, UNICEF



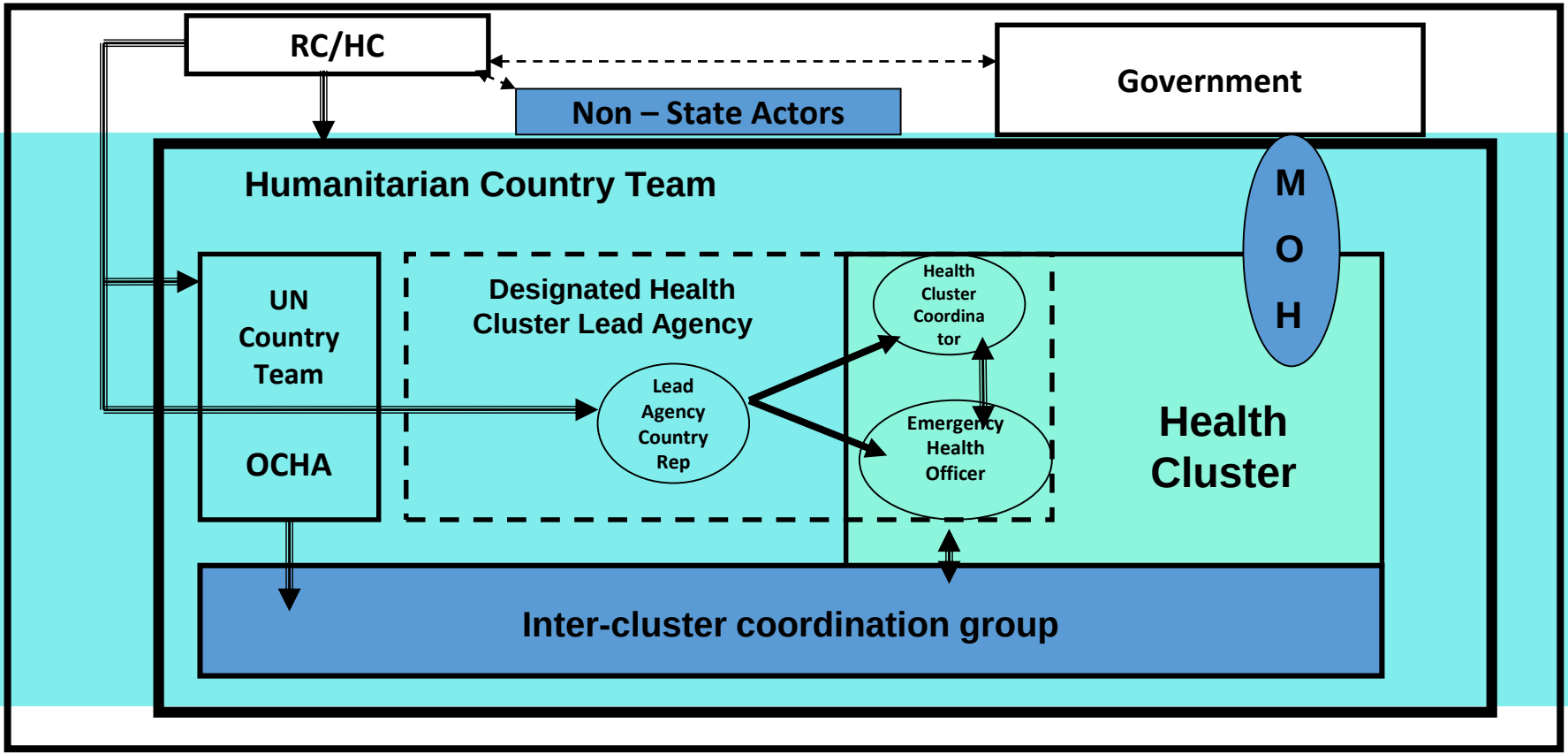
OBSERVERS
ICRC, MSF, Interaction, Sphere Project

NON-UN PARTNERS
African Humanitarian Action, American Refugee Comm, CARE, Catholic Relief Service, Center for Disease Control, Columbia, Concern Worldwide, ECHO, Handicap Intl, Harvard, Help Age, Intl, IFRC, ION, ICMH, intl Council of Nurses , intl Medical Corps, Intl Rescue Committee, Johns Hopkins , Medecins du Monde, Merlin, OFDa, Save the Children, US/UK, Terre des Hommes, WADEM, Women's Commission, World Vision International

The Health Cluster at the Country Level

The Health Cluster can be activated in a country with a Humanitarian Coordinator in case of a sudden major new emergency requiring a multi-sectoral response.

The humanitarian architecture is complex!



Management:

Consultation/information:

Strategic & Operational Coordination:

The Ten Functions of the Health Cluster at the Country Level

1. Coordination mechanisms and inclusion of key actors within the Health Cluster and inter-cluster forums
2. Relations with other key stakeholders
3. Needs assessment, situation monitoring & analysis, including identifying gaps in health response
4. Strategic development and gap filling
5. Contingency planning
6. Application of standards
7. Training and capacity building, including emergency preparedness
8. Monitoring and reporting
9. Advocacy and resource mobilisation
10. Provider of last resort (POLR)

ROLES AND RESPONSIBILITIES

GOVERNMENT

CLUSTER LEAD AGENCY (CLA)

HEALTH CLUSTER COORDINATOR (HCC)

PARTNERS (NGO'S, CIVIL SOCIETY, UN AGENCIES, DONORS)

Government and State Institutions

> Depends in the willingness or capacity
> But need to remember that ownership should be with the host state
> If the MoH is in a strong position, the cluster should organize the response in support of the host government's efforts
> In some contexts the MoH representative and the Cluster Lead Agency co-chair Health Cluster meetings at both the national and sub-national levels

The Health Cluster Lead Agency WHO

> Acts as a bridge between national and local health authorities and international health actors
> Ensures that health actors in humanitarian response build on local capacities
> Ensures establishment of effective coordination mechanisms
> Mobilizes and deploys technical and human resources and stockpiles
> Acts as the provider of Last Resort (POLR)

HEALTH CLUSTER COORDINATOR

ROLE IS TO FACILITATE, NOT DIRECT

ENABLES COLLABORATION BETWEEN PARTNERS	PROVIDES STRATEGIC LEADERSHIP	FACILITATES CLUSTER ACTIVITIES
ENSURES NEEDS AND RISK ASSESSMENTS ARE CARRIED OUT, GAPS ARE IDENTIFIED AND INFORMATION SHARED	GENERATE CONSENSUS	ENSURES INTEGRATION OF CRISS-CUTTING ISSUES IN ADDITION TO OTHER CLUSTERS

GLOBAL PROTECTION CLUSTER (GPC)

Established 2005: Main interagency forum

- ***Standard and policy setting, support protection response***
- ***Areas of responsibility include child protection (UNICEF), GBV (UNFPA), Housing/land (NRC), and Mine Action (UNMAS)***

AREAS OF RESPONSIBILITY ON GPC

CAMPAIGNS ON CULTURAL ATTITUDES

LAWS AND PROTOCOLS FOR PROTECTION OF SURVIVORS

TRAINING FOR HEALTH WORKERS, POLICE, JUDGES

Responding to a GBV disclosure as a non GBV-specialist

The roles and responsibilities of non-specialist humanitarian actors: What to do, ***What not to do***

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Strength Serenity
Global Protection Cluster
GBV Prevention and Response

Introducing a Survivor-Centered Approach

A survivor-centered approach aims to create a ***supportive environment*** in which a survivor's rights are respected and in which s/he is treated with dignity and respect. The approach helps to promote a survivor's recovery and his/her ability to identify and express needs and wishes, as well as to reinforce his/her capacity to make decisions about possible interventions.

Survivor-Centered Approach

TO BE TREATED WITH DIGNITY AND RESPECT

TO CHOOSE
PRIVACY AND CONFIDENTIALITY
NON-DISCRIMINATION
INFORMATION
SAFETY

VICTIM-BLAMING ATTITUDES

FEELING POWERLESS
SHAME AND STIGMA
DISCRIMINATION
FORCED ACTIONS
OUTCASTED

Understanding Referrals

WHAT ARE REFERRALS?

A *referral* is the process by which a survivor gets in touch with professionals and/or institutions regarding their case

AND

The processes by which different professional sectors communicate and work together, in a ***safe, ethical and confidential manner,*** to provide the survivor with comprehensive support

What then is a “Referral Pathway”?

A referral pathway is a flexible mechanism that links survivors to resources

Can include any of the following: ***Health, Psychological, Security and Protection, Legal/Justice, and/or Economic Reintegration support***

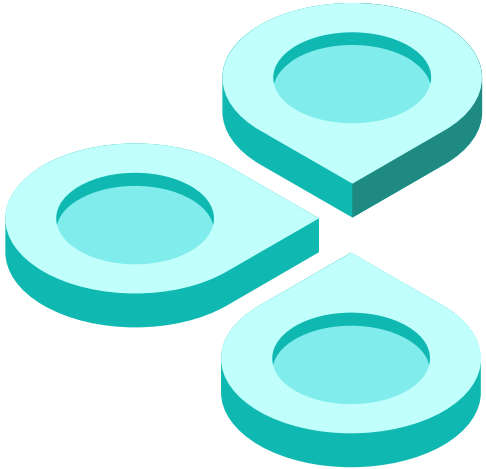
Why are referrals needed?

Referrals allow for a **comprehensive** set of services for survivors, who have multiple and complex needs.

One single organization cannot effectively provide these resources. Therefore, a ***coordinated, multi-sectoral response*** is necessary.

Who should be involved in referrals?

From the GBV AoR SOP template package



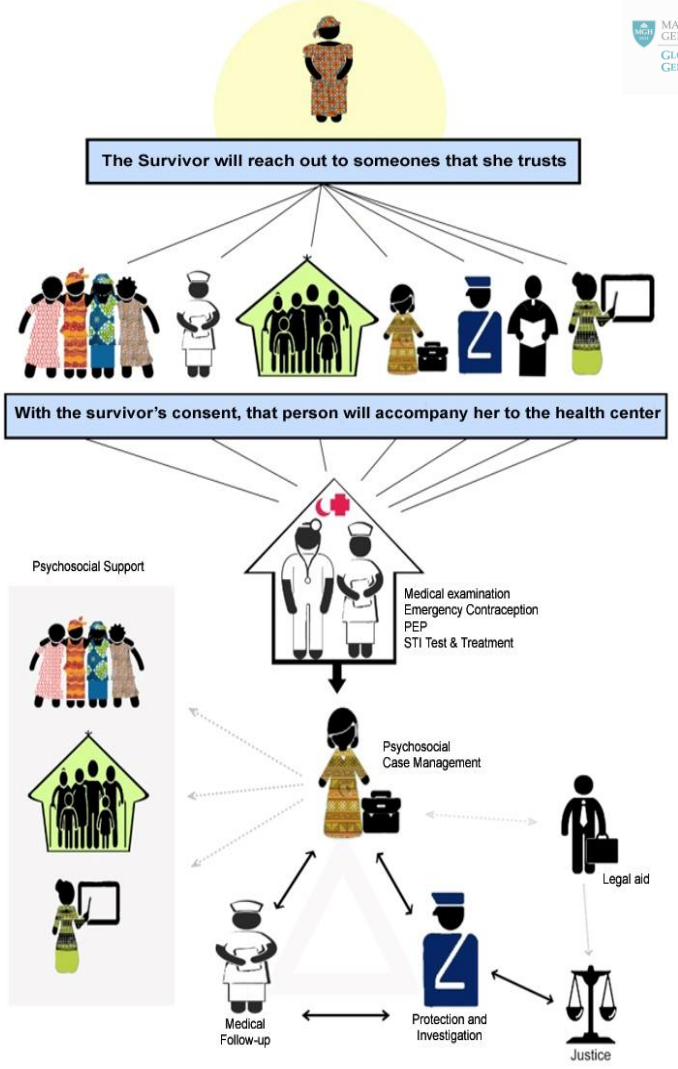
Those who are aware of the experience have the responsibility to support the individual and give honest information about the services available.

A survivor has the freedom and right to disclose an incident to *anyone.*

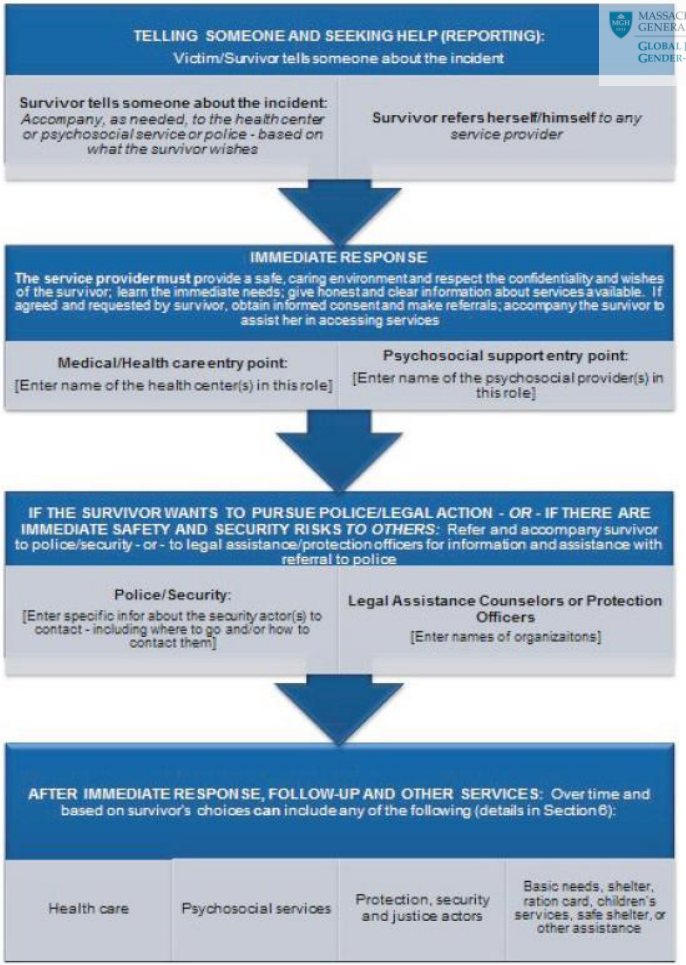
Providing information to survivors in a safe, ethical and confidential manner about their rights and options to report risk and access care is a responsibility of ALL humanitarian actors who interact with affected populations.

Activity:
"Referral Web"

Referral Pathway in Practice



Referral Pathway on Paper



GBV Resource Tool: Establishing GBV Standard Operating Procedures (SOP Guide)
May 2008 IASC Sub-Working Group on Gender & Humanitarian Action (p. 21).

SUGGESTED RECOMMENDATIONS ABOUT REFERRALS IN THE GUIDELINES

All humanitarian personnel who engage with affected populations should have up to date written information about where to refer survivors for care and support.

Ensure training on how to respectfully and supportively engage with survivors and provide risk reporting and/or referral information in an ethical, safe and confidential manner

Any programmes that share information about reports of GBV must abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)

"…but I'm not a GBV specialist – what can I do to provide care?"

Psychological First Aid (PFA)

Describes ***human, supportive*** *response to a fellow human being who is suffering and may need support*

PFA ACTION PRINCIPLES

PREPARE

> Understand the context in which you work (conflict, vulnerable groups, etc.)
> Understand the available services and supports
> Understand safety and security concerns

LOOK

> Check for safety
> Check for people with urgent basic needs
> Check for people with serious stress reactions

LISTEN

> Approach people who may need support
> Listen to people to help them feel calm
> Do not ask details about GBV
> Ask about people's needs and concerns

LINK

> Help people address basic needs and access services
> Help people cope with problems
> Give information
> Connect people with loved ones and social support

PROVIDING PFA RESPONSIBILITY MEANS

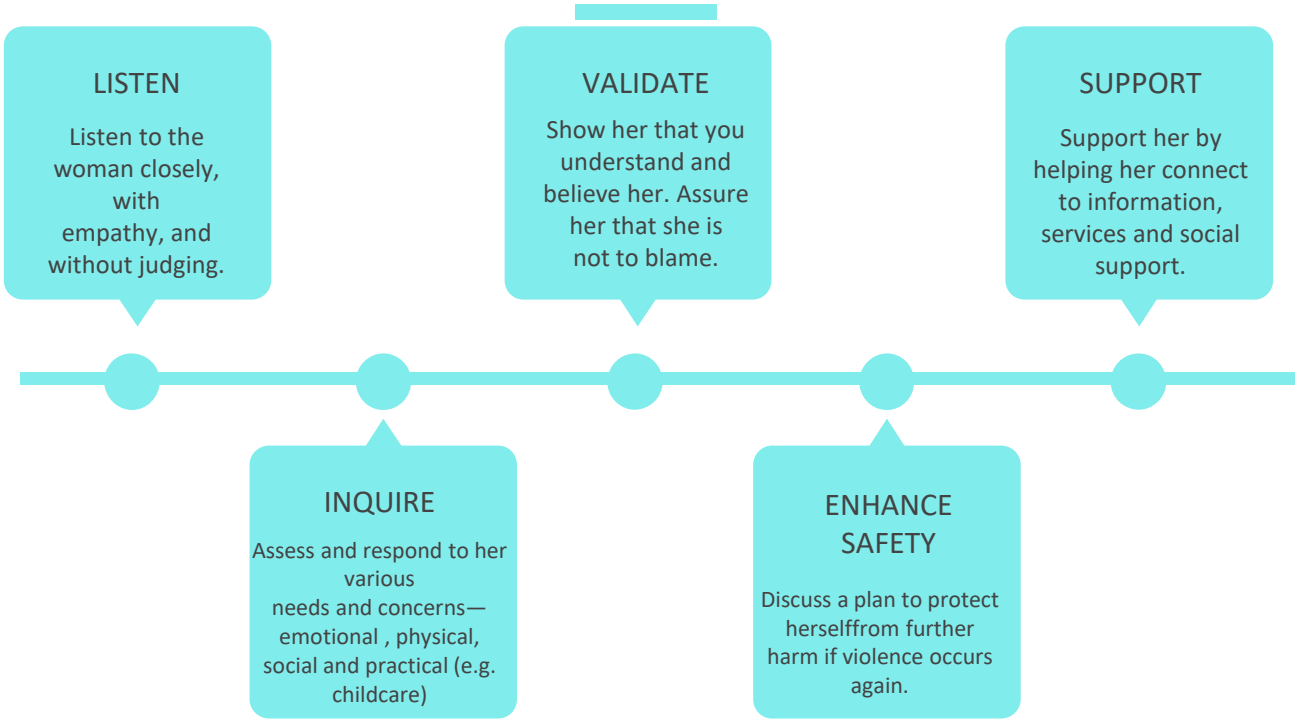
RESPECT, SAFETY, DIGNITY, AND RIGHTS

ADAPT WHAT YOU DO TO TAKE ACCOUNT OF THE PERSON'S CULTURE

BE AWARE OF OTHER EMERGENCY RESPONSE MEASURES

TAKE CARE OF YOURSELF!

LIVES Acronym



PFA ACTIVITY

PFA CASE SCENARIO GROUP 1

An incident of sexual violence has happened in a refugee camp. Many people from the community witnessed it, intervened and informed the camp manager. The survivor is known to the community but has not disclosed to you. What do you do?

PFA SCENARIO GROUP 2

You are visiting a woman enrolled in one of your sectoral activities. Her family has been displaced and lives with a host family. She tells you that husband of the host family has sexually abused her 12 year old daughter and she doesn't know what to do but she doesn't want to report the incident. What do you do?

APPLYING GBV GUIDING PRINCIPLES

GBV GUIDING PRINCIPLES

Preventing and mitigating GBV involves promoting gender equality and respectful, non-violent gender norms

Safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk must be ensured

GBV related interventions should be context-specific

Participation and partnership are essential for effective GBV prevention

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GLOBAL HEALTH

Migrant Crisis: US/Mexico Border

- January 2019: the US Government implemented the Migration Protection Protocols (MPP)
- MPP forces asylum-seeking migrants to “Remain in Mexico” while awaiting their asylum hearings in the US
- Matamoros, Mexico is a receiving city for these migrants and one of the most active points of entry
- 17,121 migrants, 5,644 children, have been returned to Matamoros to wait since December 2019*
- These migrants lack basic humanitarian aid including protection from violent threats, access to healthcare, and a consistent sources of food and water

UNICEF. (2019). Mexico –Matamoros Humanitarian Situation Report No. 1. Retrieved from https://reliefweb.int/report/mexico/mexico-matamoros-humanitarian-situation-report-no-1

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GLOBAL HEALTH

Matamoros Camp

- 200m across the border from Brownsville, TX
- 2,000-person migrant encampment (no official count, fluctuating)
- No formal water, sanitation, or waste disposal
- Patient population: majority of patients under 10 years of age, with the second largest group being adults between 18 and 45. Currently 26 expectant women.
- Estimated 1 of every 2 women and girls have experienced GBV during their transit from country of origin or in the camp
- Critical need for OB/GYN services (no pre or post-natal care available to women in the camp), urgent care, and mental health, and processing exemptions for critically ill to cross the border

CASE STUDY PART 1

Matamoros, Mexico is a city in the Northeastern Mexican state of Tamaulipas and has a population of 449,815. It is located on the southern bank of the Rio Grande and directly across the border from Brownsville, Texas. Since January of 2019, a tent city holding migrants and asylum seekers has sprung up. Poor health conditions and the threat of kidnappings and violence are ever present. Newly arriving migrants find it hard to get housing because Mexican authorities have put fencing around the tent camp to block them. The current tent city population averages around 1,000 and another 4,000 migrants have found housing in the surrounding community. Recently, the body of a migrant women was found in a nearby parking lot with signs of torture and sexual violence.

Discussion questions: As your team is preparing to deploy to Matamoros, how will you research about available resources for prevention of and interventions for sexual violence in the tent camp?

CASE STUDY PART 2

The Mexican government has blocked allowing a UN presence. Non government organizations like Global Response Management, World Food Kitchen, MSF, Methodist Church, and Catholic Charities have taken on an ad hoc camp management role. Your team has now settled in the camp and setting up the medical clinic.

A woman comes in and reports to the team leader about abuse she has suffered by her husband. When she is given her information on where she can access assistance, the woman opts to go to her home instead. The team leader is very worried about the woman and seeks advice on how to can monitor her safety.

Discussion question: What are the key elements in an intervention? What constitutes an effective system to identify resources for GBV cases?

CASE STUDY PART 3

Rape is a daily reality for many of the migrant women and girls. The successful prosecution of rape cases is rare. In order to bring more perpetrators to trial, the GBV Coordination Working Group inserted text into their SOPs that mandated that humanitarian actors receiving reports of GBV share information about the survivors with the chief of police.

Discussion question: What are the lessons learned for GBV interventions and what are the barriers to interventions?

CASE STUDY PART 4

Media reports came out that two young girls had been raped near the southern bank of the Rio Grande. They had gone there to cool off because temperatures were over 100 degrees F.

At the coordination meeting it was decided that the NGOs most engaged in GBV work in and around the tent camp should immediately jump in to support them. Each agency went to interview the girls and each spoke to them at length about what had happened. They then met together to develop a plan of action that would ensure both immediate assistance and long-term, holistic care for the girls in all relevant sectors of response: health, psychosocial, security and legal.

Discussion question: What direct interventions are available to disaster responders?

Thanks!

Next session on Water, Sanitation, and Hygiene (WASH) will take place on November 17th.

For more information, contact agoodman@mgh.harvard.edu